## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

C 98-01382

|   |  | CLAIMS AS                                 | PART         | (Column 2)         |                                 |                  | SMALL ENTITY TYPE |            | OR                     | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|---|--|---|--------------|--------------------|---------------------------------|------------------|-------------------|------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 19           |                    |                                 |                  | Γ                 | RATE       | FEE                    |                               | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED |                    | NUMBI                           | ER EXTRA         | ļ                 | BASIC FEE  | 370.00                 | OR                            | BASIC FEE           | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | ) minus 20=  |                    | * Ø                             |                  |                   | X\$ 9=     |                        | OR                            | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =    |                    | * \$                            |                  |                   | X42=       |                        | OR                            | X84=                |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT       |                    |                                 |                  | İ                 | +140=      |                        | OR                            | +280=               |                        |
| * If the difference in column 1 is less than zero, enter  |  |   |              |                    | r "0" in c                      | olumn 2          | L                 | TOTAL      |                        | OR                            | TOTAL               | 740                    |
|   | CI   | LAIMS AS A                                | MENDED       | - PAR              | RT II                           | ΓII              |                   |            |                        |                               | OTHER TH            |                        |
|   |  | (Column 1)                                | 7            |                    | mn 2)                           | (Column 3)       | 1 -               | SMALL      |                        | OR                            | SMALL               |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI       | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |                   | RATE       | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                 |                                 | =                |                   | X\$ 9=     |                        | OR                            | X\$18=              |                        |
|   | Independent                                    | *   | Minus        | ***                | T OL 4111                       | ]=               | <b> </b>          | X42=       |                        | OR                            | X84=                |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEF  | ENDEN              | II CLAIM                        |                  | ا<br>ا            | +140=      |                        | OR                            | +280=               |                        |
|   |  |   |              |                    |                                 |                  |                   |            |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |              | (Colu              | ımn 2)                          | (Column 3)       |                   | ADDIT. FEE |                        | -                             |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIG<br>NUM<br>PREV | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |                   | RATE       | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                 |                                 | =                | ] [               | X\$ 9=     |                        | OR                            | X\$18=              |                        |
|   | Independent                                    | *   | Minus        | ***                |                                 | =                | <b>↓</b>          | X42=       |                        | OR                            | X84=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                    |                                 |                  |                   | +140=      |                        | OR                            | +280=               |                        |
|   |  |   |              |                    |                                 |                  |                   | TOTAL      |                        | OR                            | TOTAL               |                        |
|   |  |   | ADDIT. FEE   |                    | 4 ,                             | ADDIT. FEE       |                   |            |                        |                               |                     |                        |
| _   |  | (Column 1)<br>CLAIMS                      |              |                    | JMN 2)<br>HEST                  | (Column 3)       | ۱,                |            | ADD                    | ı                             |                     | ADDI                   |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NU!<br>PREV        | MBER<br>VIOUSLY<br>D FOR        | PRESENT<br>EXTRA |                   | RATE       | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                 |                                 | =                | <u></u>           | X\$ 9=     | ;<br>:                 | OR                            | X\$18=              |                        |
|   | Independent                                    | *   | Minus        | ***                | IT CLAIR                        | ]=               | 4                 | X42=       |                        | OR                            | X84=                |                        |
| ╠   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                    |                                 |                  |                   | +140=      |                        | OR                            | +280=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  All   |  |   |              |                    |                                 |                  |                   |            |                        | OR                            | TOTAL               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                    |                                 |                  |                   |            |                        |                               |                     | · L                    |